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# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## ORGANIZATION NOTES

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It is to be hoped that the officers and councils of the Superintendents' Society and Associated Alumnae, at present united in the American Federation of Nurses, will study carefully the following resolution, which is to be presented at the Berlin Congress for action:

*"Resolved*, That the executive recommend that a motion be placed on the agenda for the quinquennial meeting of the International Council as follows: 'That societies of women internationally organized may become members of the International Council of Women on conditions which shall be submitted to the National Councils for decision by the president, the chief principles underlying such conditions to be (a) that such International Society have branches in not fewer than three different countries; (b) that such International Society submit its constitution and its membership in different countries; (c) that at least two-thirds of the National Branches of such International Society be affiliated to the National Council of their own country; (d) that no such International Society be given more than one vote, or, say, one-third of the total number of votes given to National Councils.'

"That only those international organizations be accepted into the International Council of Women whose branches are affiliated to the National Councils in all countries where National Councils of Women exist.

"That the fee for International Societies be fixed at one hundred dollars, and that such societies as are accepted be allowed each one representative on the Executive Committee and on the council."

It may be some time before there is an International Council of Nurses formed of national societies, but it will surely come before many quinquennials have passed. Already the nurses of Germany have organized their national body, and we have ours. English nurses, who have a number of strong and influential local groups like our alumnae, have not yet united into one national body, but it is quite certain that they will some day. (We speak now as a prophet, and not with information.) The Australian and New Zealand nurses, who are full citizens of the most enlightened countries on the globe, should be in almost every respect ready, and now the practical point for us is, that only through affiliation with the National Council of Women at home can we share in the work and glory of this magnificent congress of women from all over the world, whose certain mission it is to create a new form of moral standards and a new type of the ideal.

It is true that at home our National Council of Women, owing to the supremacy of the Federation of Women's Clubs, is not as strong and effective as the councils in other countries, and that so far as home affairs are concerned

there does not seem to be any great and evident reason why we should belong to it.

But we believe that a supreme and sweeping reason is to be found in these international gatherings, by membership in which we may greatly help in the work of elevating undeveloped womanhood in all countries.

We ought not to go to these great gatherings simply as spectators, as one goes to the theatre, but as reënforcements to a great army whose cause is just.

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#### THE ENGLISH REGISTRATION MOVEMENT

WE learn with the greatest satisfaction that the English Society for State Registration has presented a registration bill to its members for approval, and that it has been adopted and is now ready to present to hospital committees, medical, nursing, and political bodies for their suggestions and criticism. The campaign of the English society has been splendidly conducted, and the most striking demonstration of its success is the complete capitulation of the Royal British Nurses' Association, which now comes out for registration after having been a complete bar and block in the way for ten years.

Truly, nothing is impossible, even the moving of mountains.

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#### NURSING REFORM IN FRENCH HOSPITALS

THE first feeling upon reading the masterly paper read by Dr. Anna Hamilton at the Third Hospital Congress in France is one of amazement that it should be necessary to reiterate the very "a, b, c" of good nursing to the men of a nation so distinguished for mental ability and professional brilliancy as the French, especially if they have ever visited the hospitals of Great Britain, Holland, Denmark, Sweden, or Germany. The second feeling is, that with the sole exception of Dr. Hamilton herself the *women* of France have not been doing their duty. Now at last, as the reward of her crusade, comes the gratifying news that the Municipal Council of Paris intends founding, at an expense of one million francs, a thoroughly modern nursing school with class- and lecture-rooms, where the pupils will live under careful supervision, and where they will receive a practical hospital training as well as theoretical instruction. We rejoice in this outcome of the various efforts at reform in France, and hope that the Municipal Council will not fail to place a thoroughly efficient woman in full charge of the nurses. We give the following abstract\* from Dr. Hamilton's paper, just to show how her task has been "line upon line—precept upon precept:"

"It is of the utmost importance that candidates for nursing should possess a good education. Lacking the self-reliance and culture which are conferred by a good education, the delicate nature of nursing service will inevitably degenerate into coarseness.

"After an experience of twenty-five years we are able to assert positively that professional instruction alone has not improved the quality of hospital nursing. The Parisian nurse remains of the servant class, whilst in the north of Europe, since Miss Nightingale's reforms, she has come from the same social class as the physician.

"This statement may be verified by observing the hospitals of England,

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\* Abstract from "Instruction professionnelle et Situation du Personnel Secondaire des Hôpitaux," read by Dr. Anna Hamilton at the Third National Congress of Hospitals and Charities, Bordeaux, June, 1903.

Sweden, and Holland, and yet the instruction given in Paris is much more developed and scientific than that in London, Stockholm, or Amsterdam.

"Dr. Bourneville, founder and director of the municipal training-schools for nurses in Paris, has acknowledged, after twenty years of experience, that the instruction which is indispensable for our times is insufficient to make a perfect nurse. It needs to be supplemented by moral qualities which cannot be acquired by training and which the diploma cannot confer."

"Also, Mons. Henri Monod, director of the 'Assistance publique,' in a pamphlet treating of the establishment of training-schools in the provinces, declares that 'the school should not limit itself to giving theoretical instruction; that the essential element of nursing education could only be learned by practice at the bedside of the sick.'"

Dr. Hamilton outlines a practical reform as follows:

"The hospital which is to serve as a school should be divided into sections, each comprising one or more wards, under the charge of a certificated and experienced nurse, who should have a sufficient number of trained assistants.

"The pupil must be able to devote her whole time to the work. Candidates having family obligations should not be taken. The married woman must either sacrifice her family to her occupation or her occupation to her family. The sick should not be exposed to such an alternative. Only the single woman or the widow should be taken. The pupils should spend eight or nine hours of each day in the wards, working under the direction of the supervising nurses."

Dr. Hamilton then describes with great clearness and detail the ideal of what a good nurse should be, and recounts her duties and what may be expected of her.

"The practical teaching must be supplemented by class work and note-taking under the head nurses, and the pupil should pass in turn from one division to another."

Dr. Hamilton specially emphasizes the importance of the trained head and supervising nurses, saying that upon them primarily will depend the success of the school.

She also thinks that the school is more likely to succeed if it is attached to a hospital having no medical school, chiefly because the French students have been accustomed to do much that properly belongs to the nurse. The practical house physician often knows much better how to lecture to nurses than the learned professor of a university.

"The instruction should be simple. The tendency in France is to give lectures suitable to an assistant physician, and the few manuals on nursing which are written in French treat the subject of nursing as if it were minor medicine and surgery. The hours of class teaching should be systematic and not too many, and practical examinations should demonstrate the practical attainments, with written ones for the theoretical side. The nursing service, being of women, can only be properly and effectively directed by a woman."

Dr. Hamilton then recounts the proper authority and standing which this trained head should be accorded, quite as we are accustomed to see her. She then goes on to say that another reason why it is better for the nursing school to be separated from the medical school is that students are accustomed to see in nurses a class of inferior beings whom they make fun of and do not respect.

[We are much inclined to think that a most salutary effect would be wrought upon these youths by the presence of refined and educated women nurses in their wards. We have too often seen these raw young cubs transformed into gentle

and humane beings under the systematic training of the ward nurses not to believe that it would not hurt the nurses and would immensely benefit the students to have them in the same hospital.]

Dr. Hamilton then discusses the financial question, and shows how the present clumsy method of paying salaries to a number of ineffective people could be changed to the school system. She also advocates separate buildings for nurses' homes. No such thing now exists in France, and the squalor and unpleasant surroundings of nurses' quarters in French hospitals form a serious impediment to the entrance of refined women. She concludes by recommending to the observation of the members of the Congress the Protestant hospital at Bordeaux, where, under her direction, has been established the only school in France where a thorough two-years' course is taken under the management of a trained head, where a uniform is worn, where only pupils of good education are accepted, where the pupils pay for their training, and where a certificate is given after theoretical and practical examination.

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#### LETTERS

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IN my visitations to Continental hospitals I have seen some of the most beautiful and also the cleanest hospital kitchens imaginable, and have been surprised to find in how many of them all—or nearly all—of the work is done by women. One sometimes feels here that the kitchen stands on a higher plane than it does with us. We seem to be a little ashamed of kitchens, and often give them a mean corner and ugly appliances. Our home kitchens are usually hideous, and over here they are apt to be among the prettiest rooms of the house. To be sure, in these hospitals nothing like our charming little diet- or teaching-kitchens is even imagined, nor, except in some private hospitals, is the dainty tray to be found such as we have it under the beautifying influence of our domestic science teachers in training-schools. But some of the big hospital kitchens are beautiful to behold.

There seems to be a modern prejudice against brass and copper utensils, and no doubt iron-agate ware is more hygienic and easily cleansed. It is certainly also very pretty in the blue and white; but there is a kind of stunning gorgeousness about a huge hospital kitchen completely fitted out with brass and copper of the most solid and massive handwork and shapes of antique and classic beauty, all polished until they reflect the light. A special one of these pictures of mediæval kitchen beauty and cheer was in Bruges, at the hospital of St. John. Deep covetousness filled my soul at sight of the copper bowls and brass pitchers hanging on the wall and standing about all ready to be stolen. The nun in charge, moving about in the dim spaces (for that kitchen was rather dark) in her robes and bat-like cap, made a most charming picture of a kitchen of the olden time. Then I shall not forget the kitchen in the big city, or rather canton, hospital at Berne. This was quite modern in its fittings and of a spotless cleanliness. One could not only have eaten off of the floor, but have quite enjoyed doing so. In the midst was a slender and even delicate-looking young deaconess in her dress of dark blue with small white spots and cap, who was the presiding genius of the kitchen. Every morning at six o'clock she was in the kitchen, her staff of women being there at four. She had a couple of men to do heavy work, but all the cooking was done by women under her supervision. The

arrangement of everything was most orderly and dainty, and the kitchen was bright, as it was on the ground floor of a pavilion which stood in the exact centre of the whole architectural plan, the wards being along three sides of a great square, the administration in front and the kitchen in the middle of the open space. Its architectural outline, with a big clock-tower, was so attractive that it was ornamental rather than otherwise.

Another beautiful kitchen was in Munich in the General Hospital. The hospital has eight hundred beds, and the kitchen was spacious, with a number of smaller sub-kitchens opening from it in three directions. It was completely furnished with a most lavish and beautiful array of brass and copper very picturesquely arranged, some hanging in rows and some standing on shelves, the huge caldrons all in their places on the great fireplace. One small room was completely filled with brass jugs and other utensils waiting to be scoured and polished. The hospital is in charge of Catholic sisters, and there were five or six of them in the kitchen and its precincts, all at work cooking different things. In one small wing apple tarts were being made; in another the vegetables were being cut up. This kitchen also was as clean as wax, and had a hospitable and home-like atmosphere that was very noticeable. It seemed like a place that was lived in. The sisters were cheerful, friendly souls, not in the least austere, and seemed much pleased at our interest and admiration. (Mrs. Robb was with me.) The head sister told us she had no men—only women—help, and that these prepared vegetables and cleaned up, but that the sisters did the entire cooking with the exception of the bread, which was bought. Their diet-lists too were very detailed and systematically kept, with duplicates in the bread-room, where sat the sister who attended to the bread-cutting machine, which slices bread into any desired width. (Have we these machines at home? I am ashamed to say I do not remember positively, but seem to have a recollection of ward maids or junior nurses slicing the bread by hand.) I saw the bread-cutting machine first in the Wilhelmina Hospital in Amsterdam, and in Holland kitchens and kitchen appliances are elevated to a fine art, both in convenience and attractiveness. Now perhaps the sisters are not always good nurses, for they do not receive the training, but these German sisters are certainly notable house-keepers, and a prettier sight than this great kitchen, the sisters in big aprons, white fichus, and heavily pleated white linen caps, would be hard to find.

But perhaps the most sumptuous and amazing kitchen of all, so far seen, was the one in Venice in the Civil Hospital. This was bigger even and more opulent-looking, and its brasses more bewildering, more enormous, and more varied than any, for it had to provide for thirteen hundred patients. This too was beautifully clean—indeed, the whole hospital was the cleanest place we had seen so far in Italy. Here Sisters of Charity were in charge, wearing close black hoods and white aprons, and giving the same air of sweetness and charm. Four men assistants were allowed in this kitchen to do heavy work.

Now one delightful kitchen was not in a hospital, but I must just put it in, for it was in a *Hospiz*—the hospiz on the top of the Simplon Pass coming by post-wagon from Switzerland to Italy. The monks here entertain all travellers, as they do on the Saint Bernard, and their kitchen was big enough to stow away a hundred people, with a huge fireplace in the middle with its copper caldrons full of hot beef-tea. The post wagons always stop here, and the whole train filed in to be refreshed. As the pass was covered with snow, the hot bouillon was most acceptable. The monk in his brown robes was a fatherly

soul, but loveliest of all, behind the fireplace in a choice spot, were seven young St. Bernard dogs, with their whole outfit of bones and warm mush-pot. Not all kitchens can boast of such an attraction.

And one more word: anyone who is interested in kitchens should not fail to visit the mediæval kitchen (now fully restored) in the "Gruut Huis" of the old Counts of Flanders, in Bruges, which shows all the curious cooking implements of wrought iron used in the fifteenth century, and another interesting one is that in Heidelberg Castle, with its open fireplace at which a whole ox could be roasted.

L. L. D.

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## ITEMS

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### HYPODERMIC MEDICATION IN STERILIZED PHIALS

It may be that our hospitals at home have begun to use the sterilized phial medicaments for hypodermic injections, but if not, I should like to describe this method, which was new to me, and which seems to have many advantages over the tablets and other preparations for giving drugs hypodermically from the standpoint of surgical technique and asepsis. Details of technique must always interest the nurse, who is held responsible for many results. The Italian physicians in their practice and in hospital work use these phials entirely, and it was in Italy that I saw them.

The phials are very delicate little glass things, each holding just one dose of a given drug in solution, the strength being, of course, always designated. They have a long, delicate neck just a little larger than the hypodermic needle. They are filled in the manufactory under aseptic precautions, and then the opening of the tiny flask is hermetically sealed. When a hypodermic injection is to be given this seal is broken off, and the needle, which has been sterilized and placed in position on the syringe, is inserted directly into the long neck, the phial being held in an inclined position. The piston is then drawn and the syringe filled. It will be readily seen that perfect asepsis is obtained in this way.

The phials and contents are prepared by an Italian firm in Florence, and besides the usual drugs Italian physicians always order various drugs in this way which we are not usually accustomed to give hypodermically, such as preparations of iron, guaiacol, hypophosphites, etc. I went into Parke, Davis & Co.'s drug shop in Florence and asked them if they sent many of these phials to America. They said that they did send a good many to private physicians, but not to hospitals. It is possible they may be quite expensive, but even then I recommend them to the notice of our hospital superintendents.

L. L. D.

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MISS MCGAHEY'S friends in America will be sorry to hear that ill-health has prompted her to give up the hospital position which she has held with such conspicuous ability for twelve years in Prince Alfred Hospital, Sydney. We sincerely hope that a period of rest will completely restore her health, and would be glad to have her come to America via Berlin in the coming summer.

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AN English nurse, Miss Edla Wortabet, formerly at the head of St. George's Hospital, Beyrout, has written a book on nursing for the Syrians, which has been published by an Arabic journal and publishing company. Miss Wortabet has written a number of articles on hospitals of the Mediterranean which have ap-

peared in the *British Journal of Nursing*, some of which we have copied. They give a most entertaining description of Eastern ways, and reveal strong character and a rich sense of humor.

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DR. SCHARLAU has written for the *Zeitschrift für Krankenpflege*, a German monthly, a highly commendatory account of the Mount Sinai Hospital Training-School in New York City, mentioning also the custom of the graduates of living together in club-houses with central telephone, where the physicians can reach them. This plan, which seems so natural and simple to us, is just being tried in Germany, and is regarded by many as an abominable innovation.

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WHAT a very unpractical and burdensome system that of the great London hospitals must be, by which no provision for pay patients is made, and all cases who enter must do so on the charity basis. Mrs. Bedford Fenwick, in the *British Journal of Nursing*, has often criticised this system and suggested the introduction of pay beds, and now it seems that our old friend and patron, Sir Henry Burdett, is suggesting the same thing. *Nursing Notes* makes very sensible comment, as follows:

“ . . . The hospitals are prohibited from allowing patients to pay according to their means, because it is as “free” institutions they obtain support from the wealthy, and, rightly or wrongly, the idea prevails among hospital administrators that the charitable will not give of their substance to institutions deriving any proportion of their income from patients’ payments. Yet surely a hospital which can become partially self-supporting by allowing those who can afford and wish to do so to defray at least a part of the expenses of their treatment should merit help in even greater measure than one which makes capital out of the amount of its indebtedness and general impecuniosity. This condition of things exists at the present moment: that whilst the very poor can command the best of medical skill freely and for nothing, and the rich can secure the same at a very high figure, the large intermediate mass of the community, from the clerk or working woman, whose income may be one hundred pounds to three hundred pounds a year, to the professional man, with a family to educate on anything under one thousand pounds, are obliged in many cases either to pay far more than they can properly afford in times of illness, or unwillingly take advantage of free institutions which are intended for quite another class of persons.”

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“GRACE J. GILLIE” in a report sent to *Nursing Notes* on the school work says:

“We are pleased to be able to report the visit of a deputation from a neighboring town to see the work in some of the schools in Liverpool. The reports of school managers and teachers during past years have been so satisfactory that other Boards of Education are considering the advisability of having a nurse to visit in the schools—partly for the immediate benefit of the children and the checking of disease, but partly also from a purely business point of view—viz., that the attendance may be improved. . . .

“One of the visitors mentioned an objection in the minds of some of the members of the board as to the danger of taking too much responsibility from the parents by having the small ailments of the children attended to at the schools, but the teacher assured him that it was quite the reverse, and that the



parents were anxious to have their children cleaner and to look after them better since the nurse has been visiting the school.

"It has been suggested that nurses who have retired and are receiving a pension might be able to undertake the work of visiting the schools, and that in this way it could be done more economically, as the nurse might live with her friends, and only come to the home to give her weekly report and get supply of dressings, etc. We hear that some district nurses object to the school work if doing it entirely, and as 'Queen's' nurses they consider it very much less interesting than district work, and one can understand that there is not the same variety, but women of experience and good judgment are required in this department, where so many different questions arise which require to be dealt with carefully."



**BURIAL OF THE DEAD IN ITS RELATION TO THE PUBLIC HYGIENE.**—Those who shrink from the thought of cremation, either for their own bodies after death or for those of their friends, will be interested in the following synopsis of an article from a foreign contemporary which appears in the St. Louis *Interstate Medical Journal*: "D. Matthes (*Zeitschr. of Hyg. und Infect. Krankh.*, vol. 44, No. 3) says that the alleged hygienic nuisance caused by the burial of the dead in its extent and importance is generally overestimated is an opinion held by all not prejudiced by a false sentiment. The propaganda for cremation, of course, does not openly appeal to this sentiment, but justifies its claims by assuming as a truth that hygienic calamities have been brought about by the burying grounds and are liable to be brought on at any time. Many epidemics of typhoid, cholera, and other infectious diseases have been attributed to the proximity of these places and to the contamination of the water supply from them. Although it has long since been conclusively demonstrated that pathogenic germs disappear from the graves in a short time and cannot be found either in the grave itself or in the soil or in the water draining from it, the contamination of this water has constantly remained a source of suspicion. Matthes has for fourteen years kept a constant watch on the chemical constitution of the water from numerous wells situated on the grounds of the Ohlsdorf burying ground near Hamburg. The place occupies an area of one hundred and eighty-six hectares and in it are over two hundred and sixty thousand bodies. The wells are supplied mainly from the drainage of the grounds. The observations were begun at a time when large tracts were not used for the purpose in question and control was kept during the gradual accumulation of graves on them. The general findings were that the water differed in no way in its chemical quality from the water of surrounding localities, and especially that the amount of organic material in it was by no means higher. Nor was any change observed in the water of those areas that in the beginning of the investigation were unoccupied and only gradually filled with graves. Matthes's work is very conscientious and gives us at last a clear idea of the futility of all the apprehensions entertained concerning the danger of the home of the dead to the house of the living."